

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

164161

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	7					
TOTAL DEP.	2	2	2	2	2	2
TOTAL CLAIMS	9					

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4	IND.	DEP.
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100		
TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		